

Additional disclosure information in connection with the New Jersey Special Elections may be found on the FEC Web site at http://www.fec.gov/info/report_dates.shtml.

Disclosure of Lobbyist Bundling Activity

Principal campaign committees, party committees and Leadership PACs that are otherwise required to file reports in connection with the special elections must simultaneously file FEC Form 3L

if they receive two or more bundled contributions from lobbyists/registrants or lobbyist/registrant PACs that aggregate in excess of \$17,100 during the special election reporting periods (see charts below for closing date of each period). 11 CFR 104.22(a)(5)(v) and (b).

CALENDAR OF REPORTING DATES FOR NEW JERSEY SPECIAL ELECTION

Report	Close of books ¹	Reg./cert. and overnight mailing deadline	Filing deadline
Quarterly Filing Committees Involved in <i>Only</i> the Special Primary (08/13/13) Must File:			
Pre-Primary	07/24/13	07/29/13	08/01/13
October Quarterly	09/30/13	10/15/13	10/15/13
Semi-Annual Filing Committees Involved in <i>Only</i> the Special Primary (08/13/13) Must File:			
Mid-Year	—WAIVED—		
Pre-Primary	07/24/13	07/29/13	08/01/13
Year-End	12/31/13	01/31/14	01/31/14
Quarterly Filing Committees Involved in Both the Special Primary (08/13/13) and Special General (10/16/13) Must File:			
Pre-Primary	07/24/13	07/29/13	08/01/13
Pre-General	09/26/13	10/01/13	10/04/13
October Quarterly	09/30/13	10/15/13	10/15/13
Post-General	11/05/13	11/15/13	11/15/13
Year-End	12/31/13	01/31/14	01/31/14
Semi-Annual Filing Committees Involved in Both the Special Primary (08/13/13) and Special General (10/16/13) Must File:			
Mid-Year	—WAIVED—		
Pre-Primary	07/24/13	07/29/13	08/01/13
Pre-General	09/26/13	10/01/13	10/04/13
Post-General	11/05/13	11/15/13	11/15/13
Year-End	12/31/13	01/31/14	01/31/14
Quarterly Filing Committees Involved in <i>Only</i> the Special General (10/16/13) Must File:			
Pre-General	09/26/13	10/01/13	10/04/13
Post-General	11/05/13	11/15/13	11/15/13
Year-End	12/31/13	01/31/14	01/31/14
Semi-Annual Filing Committees Involved in <i>Only</i> the Special General (10/16/13) Must File:			
Mid-Year	06/30/13	07/31/13	07/31/13
Pre-General	09/26/13	10/01/13	10/04/13
Post-General	11/05/13	11/15/13	11/15/13
Year-End	12/31/13	01/31/14	01/31/14

¹ The reporting period always begins the day after the closing date of the last report filed. If the committee is new and has not previously filed a report, the first report must cover all activity that occurred before the committee registered as a political committee up through the close of books for the first report due.

Dated: June 11, 2013.
On behalf of the Commission.

Ellen L. Weintraub,
Chair, Federal Election Commission.

[FR Doc. 2013-14403 Filed 6-17-13; 8:45 am]

BILLING CODE 6715-01-P

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Sunshine Act; Notice of Meeting

TIME AND DATE: 10:00 a.m.
(TELEPHONIC Eastern Time) June 24, 2013.

PLACE: 10th Floor Board Meeting Room,
77 K Street, NE., Washington, DC 20002.

STATUS: Parts will be open to the public
and parts closed to the public.

MATTERS TO BE CONSIDERED:

Parts Open to the Public

1. Approval of the Minutes of the May 20, 2013 Board Member Meeting
2. Thrift Savings Plan Activity Reports by the Executive Director
 - a. Monthly Participant Activity Report
 - b. Monthly Investment Policy Report
 - c. Legislative Report
3. Office of Technology Services Report
4. Office of Financial Management Report
5. FY 2013-2017 Strategic Plan Update

Parts Closed to the Public

1. Procurement
2. Security

CONTACT PERSON FOR MORE INFORMATION:

Kimberly Weaver, Director, Office of External Affairs, (202) 942-1640.

Dated: June 13, 2013.

James B. Petri,

Secretary, Federal Retirement Thrift Investment Board.

[FR Doc. 2013-14524 Filed 6-14-13; 11:15 am]

BILLING CODE 6760-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Determination Concerning a Petition To Add a Class of Employees to the Special Exposure Cohort**

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HHS gives notice of a determination concerning a petition to add a class of employees from the Brookhaven National Laboratory in Upton, New York, to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA). On June 7, 2013, the Secretary of HHS determined that the following class of employees does not meet the statutory criteria for addition to the SEC as authorized under EEOICPA:

All employees of the Department of Energy, its predecessor agencies, and its contractors and subcontractors who worked at Brookhaven National Laboratory in Upton, New York, from January 1, 1994, to December 31, 2007.

FOR FURTHER INFORMATION CONTACT:

Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 1-877-222-7570. Information requests can also be submitted by email to DCAS@CDC.GOV.

Dated: June 11, 2013.

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 2013-14389 Filed 6-17-13; 8:45 am]

BILLING CODE 4163-19-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day-13-13XA]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Ron Otten, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Improving HIV Prevention and Treatment Outcomes Among HIV-Infected Persons by Integrating Community Pharmacists and Clinical Sites into a Model of Patient-Centered HIV Care—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Medication Therapy Management (MTM) is a group of pharmacist provided services that is independent of, but can occur in conjunction with, provision of medication. Medication Therapy Management encompasses a broad range of professional activities and cognitive services within the licensed pharmacists' scope of practice and can include monitoring prescription filling patterns and timing of refills, checking for medication interactions,

patient education, and monitoring of patient response to drug therapy.

HIV specific MTM programs have demonstrated success in improving HIV medication therapy adherence and persistence. While MTM programs have been shown to be effective in increasing medication adherence for HIV-infected persons, no MTM programs have been expanded to incorporate primary medical providers in an effort to establish patient-centered HIV care. To address this problem CDC has entered into a public-private partnership with Walgreen Company (a.k.a Walgreens pharmacies, a national retail pharmacy chain) to develop and implement a model of HIV care that integrates community pharmacists with primary medical providers for patient-centered HIV care. The model program will be implemented in ten sites and will provide patient-centered HIV care for approximately 1,000 persons.

The patient-centered HIV care model will include the core elements of MTM as well as additional services such as individualized medication adherence counseling, active monitoring of prescription refills and active collaboration between pharmacists and medical clinic providers to identify and resolve medication related treatment problems such as treatment effectiveness, adverse events and poor adherence. The expected outcomes of the model program are increased retention in HIV care, adherence to HIV medication therapy and viral load suppression.

CDC requests OMB approval to collect standardized information, from ten project sites over the three year project period. CDC also requests approval to conduct one cycle of retrospective data collection during the first year of the three year project period. The retrospective data collection will provide information about clients' baseline characteristics prior to participation in the model program which is needed to compare outcomes before and after program implementation.

Pharmacy, laboratory and medical data will be collected through abstraction of all participant clients' pharmacy and medical records. Pharmacy, laboratory and medical data are needed to monitor retention in care, adherence to therapy, viral load suppression and other health outcomes. Program specific data, such as the number of MTM elements completed per project site will be collected by program. Qualitative data will be gathered from program staff through in-person or telephone interviews.